

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 566 853

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		2		2		
10		2		2		
11		2		2		
12		1		1		
13		1		1		
14		3		①		
15		3		①		
16		3		①		
17		3		①		
18		3		①		
19		3		①		
20		3		①		
21		4		4		
22		4		4		
23	1		1			
24		4		1		
25		4		1		
26		①		2		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		2		2		
33		2		2		
34		2		2		
35		2		2		
36		2		2		
37		①		2		
38		①		2		
39		①		2		
40		①		2		
41				2		
42				2		
43				2		
44						
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	70	←	61	←		←
TOTAL CLAIMS	72		63			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						